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SHADED AREAS
FOR LAB USE ONLY

State of Washington
Department of Health
Public Health Laboratories
1610 NE 150th Street
Shoreline, Washington 98155-9701

FLUORESCENCE
MICROSCOPY
GC Specimens
T.pallidum

07		COUNTY-CITY (8-10)	MEDIA	FP	(14)	DATE SPECIMEN OBTAINED (15-20) MONTH DAY YEAR		
DATE RECEIVED (21-26)	REASON (27)	SEX (28)	AGE (29-30)	(31)	(32)	DATE OF ONSET (33-38) MONTH DAY YEAR		
PATIENT'S NAME (LAST)		(FIRST)		(INITIAL)		MEDICAL-LEGAL CASE <input type="checkbox"/> Yes <input type="checkbox"/> No		
ADDRESS		CITY		ZIP				

MAIL RESULTS			Submitting media:	
TO: ↓			1 <input type="checkbox"/> Transport	
ADDRESS: ↓			2 <input type="checkbox"/> TABCO2	
CITY: ↓	STATE	ZIP	3 <input type="checkbox"/> Transgrow	
AREA CODE & PHONE NO. ()		4 <input type="checkbox"/> Other		
		Incubated <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Comment:		

DESCRIPTION OF SPECIMEN ☐ POST TREATMENT

☐ Material for Culture-Source:
☐ Genito-urinary
☐ Rectal
☐ Throat
☐ Other

☐ Direct Gram Smear (GU only)
☐ Smear of culture for confirmation by FA (GU only)
☐ Subculture for identification — Source
☐ Penicillin sensitivity
☐ Sensitivity (other)
☐ Lesion for T. pallidum — Area:

LABORATORY REPORT

39 ☐ Direct Gram Smear

40 ☐ GU

41 ☐ Rectal

42 ☐ Throat

43 ☐ Other

44 ☐ Subculture submitted

45 ☐ Smear (to confirm by FA)

46 ☐ Smear-Lesion T. pallidum

47 ☐ Penicillin sensitivity (PPNG)

48 ☐ Penicillin sensitivity (CMRNG)

49 ☐ sensitivity

50 ☐ sensitivity

Unsat.	Negative	Positive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments (53):

TESTED BY	UNIT HEAD
DATE OF FINAL REPORT (75-80)	